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CHAPTER XII
SUPPLEMENTAL SERVICES
HCPCS LEVEL II CODES A0000 - V9999
FOR
NATIONAL CORRECT CODING POLICY MANUAL
FOR PART B MEDICARE CARRIERS

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Chapter XII
Supplemental Services
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A. Introduction

The HCPCS Level II codes are alpha-numeric codes that have been developed by the Centers for Medicare and Medicaid Services (CMS) as a complementary coding system to the *CPT Manual*. These codes describe non-physician services and supplies such as drugs, durable medical equipment, ambulance, manipulations, etc. The general correct coding policies previously outlined in Chapter I apply to these codes as well as CPT codes. The correct coding edits and policy statements that follow address only those HCPCS Level II codes that are to be reported to the Medicare Part B carriers.

B. General Policy Statements

1. HCPCS code M0064 is not to be reported separately from CPT codes 90801-90857 (psychiatric services). This code describes a brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders.

2. HCPCS code Q0091, for screening pap smears includes the services necessary to procure and transport the specimen to the laboratory. If an evaluation and management service is performed at the same visit solely for the purpose of performing a screening pap smear, then the evaluation and management service is not reported separately. If a significant, separately identifiable evaluation and management service is performed to evaluate other medical problems, then both the screening pap smear and the evaluation and management service are reported. By appending the -25 modifier to the evaluation and management code, the provider is indicating that a significant, separately identifiable service was rendered.